Approved for use through 05/31/2006, 0/M8 05/51-0/16

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
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Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER ((if known)	APPLICATION NUMBER
In mounty	10/699,586
Completed by (check one):	
Applicant/Inventor	Cilla Signature
Attorney or Agent of record 28,052	William D. Bauer
(Reg. No.)	Typed or printed name
Assignee of record of the entire interest. See 37 CFR	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Requester's telephone number
Assignee recorded at Reel Frame	October 17, 2007
	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.	
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This collection of information is required by 37 CFR 1,363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 5 minutes to complete, including admining, preparing, and arbeinting the completed application from the USPTO. This will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing his bursten, should be sent to the Critic information Officer, U.S. Patient and Trainman Collect. U.S. Department of Commence, P.O. Sort 450, Alexandric V. 22516-1450. DNO TSRN PESS OF COMMETEE FORMS TO THIS ADDRESS. SEND 10. MIS SINGLE ADDRES